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| NEWS 3 | APR 15 | WPIDS, WPINDEX, and WPIX enhanced with new predefined hit display formats |
| NEWS 4 | APR 28 | EMBASE Controlled Term thesaurus enhanced |
| NEWS 5 | APR 28 | IMSRESEARCH reloaded with enhancements |
| NEWS 6 | MAY 30 | INPAFAMDB now available on STN for patent family searching |
| NEWS 7 | MAY 30 | DGENE, PCTGEN, and USGENE enhanced with new homology sequence search option |
| NEWS 8 | JUN 06 | EPFULL enhanced with 260,000 English abstracts |
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| NEWS 10 | JUN 13 | USPATFULL and USPAT2 updated with 11-character patent numbers for U.S. applications |
| NEWS 11 | JUN 19 | CAS REGISTRY includes selected substances from web-based collections |
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| NEWS 16 | JUN 30 | STN AnaVist enhanced with database content from EPFULL |
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| NEWS 18 | JUL 28 | EPFULL enhanced with additional legal status information from the epoline Register |
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| NEWS 20 | JUL 28 | STN Viewer performance improved |
| NEWS 21 | AUG 01 | INPADOCDB and INPAFAMDB coverage enhanced |
| NEWS 22 | AUG 13 | CA/CAplus enhanced with printed Chemical Abstracts page images from 1967-1998 |
| NEWS 23 | AUG 15 | CAOLD to be discontinued on December 31, 2008 |
| NEWS 24 | AUG 15 | CAplus currency for Korean patents enhanced |
| NEWS 25 | AUG 25 | CA/CAplus, CASREACT, and IFI and USPAT databases enhanced for more flexible patent number searching |
| NEWS 26 | AUG 27 | CAS definition of basic patents expanded to ensure comprehensive access to substance and sequence information |
| NEWS 27 | SEP 18 | Support for STN Express, Versions 6.01 and earlier, to be discontinued |

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                                                        ENTRY    SESSION
FULL ESTIMATED COST                                      0.21       0.21

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=> s (FSH or follicle(w)stimulating(w)hormone)
L1      137522 (FSH OR FOLLICLE(W) STIMULATING(W) HORMONE)

=> s l1 and (treat or therapy or treatment)
L2       45839 L1 AND (TREAT OR THERAPY OR TREATMENT)

=> s l2 and (sperm or spermatazoa)
L3        4342 L2 AND (SPERM OR SPERMATAZOA)

=> s l3 and (diploidy or disomy)
L4           7 L3 AND (DIPLOIDY OR DISOMY)

=> dup rem l4
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L5           7 DUP REM L4 (0 DUPLICATES REMOVED)

=> dis ibib abs l5 1-7

L5   ANSWER 1 OF 7  EMBASE  COPYRIGHT (c) 2008 Elsevier B.V. All rights
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ACCESSION NUMBER:   2007255198  EMBASE
TITLE:              Predictive factors for an increased risk of sperm
                    aneuploidies in oligo-astheno-teratozoospermic males.
AUTHOR:             Faure, A.K.; Pelletier, R.; De Robertis, C.; Hennebicq, S.;
                    Rousseaux, S. (correspondence)
CORPORATE SOURCE:   INSERM, U309, Grenoble, France. sophie.rousseaux@ujf-grenob
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le.fr
AUTHOR: Faure, A.K.; Pelletier, R.; De Robertis, C.; Hennebicq, S.; Rousseaux, S. (correspondence)
CORPORATE SOURCE: Universite Joseph Fourier, Grenoble, France. sophie.rousseaux@ujf-grenoble.fr
AUTHOR: Faure, A.K.; Frerot, G.; Bergues, U.; Hennebicq, S.
CORPORATE SOURCE: Laboratoire de Biologie de la Procreation CECOS, Centre Hospitalier Universitaire de Grenoble, Grenoble, France.
AUTHOR: Aknin-Seifer, I.; Levy, R.
CORPORATE SOURCE: Laboratoire de Biologie de la Reproduction, Hopital Nord, Saint Etienne, France.
AUTHOR: Cans, C.
CORPORATE SOURCE: Service d'Information et d'Informatique Medicale, Centre Hospitalier Universitaire de Grenoble, Grenoble, France.
AUTHOR: Jimenez, C.
CORPORATE SOURCE: Laboratoire de Biologie de la Reproduction, CHU de Dijon, Dijon, France.
AUTHOR: Lejeune, H.
CORPORATE SOURCE: Departement de Medecine de la Reproduction, Hopital Edouard Herriot, Lyon, France.
AUTHOR: Terrier, N.
CORPORATE SOURCE: Service d'Urologie et de Transplantation, Centre Hospitalier Universitaire de Grenoble, Grenoble, France.
AUTHOR: Rousseaux, S. (correspondence)
CORPORATE SOURCE: Unite INSERM U309, Universite Joseph Fourier, Faculte de Medecine de Grenoble, Domaine de la Merci, 38 706 La Tronche Cedex, France. sophie.rousseaux@ujf-grenoble.fr
SOURCE: International Journal of Andrology, (Jun 2007) Vol. 30, No. 3, pp. 153-162.
Refs: 48
ISSN: 0105-6263 E-ISSN: 1365-2605 CODEN: IJANDP
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 010 Obstetrics and Gynecology
022 Human Genetics
028 Urology and Nephrology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 7 Jun 2007
Last Updated on STN: 7 Jun 2007

AB Patients with severe spermatogenesis impairment can now successfully father a child thanks to the use of intracytoplasmic sperm injection (ICSI). In oligozoospermic patients, many studies have reported significantly higher sperm aneuploidy rates and therefore an increased risk of transmitting a chromosomal abnormality via the injection of abnormal spermatozoa. However, the frequency of aneuploidy is highly variable between patients. The aim of the present work was to identify clinical and biological factors, which, together with non-obstructive oligozoospermia, could be predictive of elevated sperm aneuploidies. The sperm aneuploidy rates for chromosomes X, Y, 13, 18 and 21 were assessed in 31 infertile men with well-characterized spermatogenesis impairment, and in a population of control men with proven fertility. The frequency of sperm aneuploidy was compared between several patient subgroups according to their clinical and biological factors. Nearly half of the oligozoospermic males (15/31) had a significantly increased disomy rate for at least one of the five chromosomes compared with that observed in the control population (mean disomy rates + 1.96 standard deviation). Factors significantly associated with higher numbers of aneuploid sperm were cigarette smoking, an elevated follicle-stimulating hormone level, a sperm concentration less than 1 m/mL, and a severe teratozoospermia. Hence, several factors predictive of an

increased risk of sperm aneuploidy rates were identified in ICSI male candidates with a non-obstructive oligozoospermia. .COPYRGT. 2007 Blackwell Publishing Ltd.

L5 ANSWER 2 OF 7 MEDLINE on STN
ACCESSION NUMBER: 2005321773 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15970003
TITLE: Influence of spermatogenic profile and meiotic abnormalities on reproductive outcome of infertile patients.
AUTHOR: Barri Pedro N; Vendrell Jose M; Martinez Francisca; Coroleu Buenaventura; Aran Begona; Veiga Anna
CORPORATE SOURCE: Department of Obstetrics and Gynecology, Catedra d'Investigacio en Obstetricia i Ginecologia, Institut Universitari Dexeus, Paseo Bonanova 67, 08017 Barcelona, Spain.. pbarri@dexeus.com
SOURCE: Reproductive biomedicine online, (2005 Jun) Vol. 10, No. 6, pp. 735-9.
Journal code: 101122473. ISSN: 1472-6483.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200509
ENTRY DATE: Entered STN: 23 Jun 2005
Last Updated on STN: 28 Sep 2005
Entered Medline: 27 Sep 2005

AB Genetic aspects of male infertility and the possible risks of new assisted reproduction and their influence on the development of zygotes and children born after intracytoplasmic sperm injection (ICSI) need further research. These patients have an increased risk of diploidy, and disomies are frequent in their spermatozoa. Meiotic disorders are more common in testicular biopsies of patients with severe oligoasthenozoospermia. For these reasons, a detailed andrological study is absolutely mandatory before accepting a couple with these characteristics into an IVF-ICSI programme. When an andrological patient has plasma FSH values >10 IU/l and/or very low total motile sperm count <1 x 10(6), despite a normal karyotype, they clearly need a testicular biopsy and a meiotic study in order to rule out meiotic arrest or synaptic anomalies. Another important aspect to be considered is the possible benefit of applying preimplantation genetic diagnosis in these cases because they normally have a high percentage of chromosomally abnormal embryos, although in the present study this was not evident. All studies agree on the necessity of conducting follow-up studies in the population of children born after IVF-ICSI. In this way, it will be possible to find out if these infertile patients and their offspring have a higher risk of suffering epigenetic errors and imprinting disorders.

L5 ANSWER 3 OF 7 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN
ACCESSION NUMBER: 2002177064 EMBASE
TITLE: Effects of subchronic exposure to a complex mixture of persistent contaminants in male rats: Systemic, immune, and reproductive effects.
AUTHOR: Wade, Michael G. (correspondence); Foster, Warren G.; Younglai, Edward V.; McMahon, Avril; Leingartner, Karen; Yagminas, Al; Blakey, David; Fournier, Michel; Desaulniers, Daniel; Hughes, Claude L.
CORPORATE SOURCE: Growth and Development Section, Environmental Health Directorate, Environmental Health Centre, Tunney's Pasture, Ottawa, Ont. K1A 0L2, Canada.

SOURCE: Toxicological Sciences, (2002) Vol. 67, No. 1, pp. 131-143.
Refs: 75
ISSN: 1096-6080 CODEN: TOSCF2
COUNTRY: United States
DOCUMENT TYPE: Journal; Article
FILE SEGMENT: 026 Immunology, Serology and Transplantation
028 Urology and Nephrology
046 Environmental Health and Pollution Control
052 Toxicology
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 30 May 2002
Last Updated on STN: 30 May 2002

AB Human populations throughout the world are exposed daily to low levels of environmental contaminants. The consequences of potential interactions of these compounds to human endocrine, reproductive, and immune function remain unknown. The current study examines the effects of subchronic oral exposure to a complex mixture of ubiquitous persistent environmental contaminants that have been quantified in human reproductive tissues. The dosing solution used in this study contained organochlorines (2,3,7,8-tetrachlorodibenzo-p-dioxin [TCDD], polychlorinated biphenyls [PCBs], p,p'-dichlorodiphenoxydichloroethylene [p,p'-DDE], p,p -dichlorodiphenoxytrichloroethane [p,p'-DDT], dieldrin, endosulfan, methoxychlor, hexachlorobenzene, and other chlorinated benzenes, hexachlorocyclohexane, mirex and heptachlor) as well as metals (lead and cadmium). Each chemical was included in the mixture at the minimum risk level (MRL) or tolerable daily intake (TDI) as determined by the U.S. EPA or ATSDR or, for TCDD, at the no observable effect level (NOEL) used to calculate the TDI. Sexually mature male rats were exposed to this complex mixture at 1, 10, 100, and 1000 times the estimated safe levels daily for 70 days. On day 71, all animals were sacrificed and a variety of physiological systems assessed for toxic effects. Evidence of hepatotoxicity was seen in the significant enlargement of the liver in the 1000 x group, reduced serum LDH activity (100x), and increased serum cholesterol and protein levels (both 1000x). Hepatic EROD activities were elevated in animals exposed to 10x and above. The mixture caused decreased proliferation of splenic T cells at the highest dose and had a biphasic effect on natural killer cell lytic activity with an initial increase in activity at 1x followed by a decrease to below control levels in response to 1000x. No treatment-related effects were seen on bone marrow micronuclei, daily sperm production, serum LH, FSH, or prolactin levels or weights of most organs of the reproductive tract. The weights of the whole epididymis and of the caput epididymis were significantly decreased at 10x and higher doses, although no effect was seen on cauda epididymal weight. The sperm content of the cauda epididymis was increased at the 1x level but not significantly different from control at higher dose levels. A slight, but significant, increase in the relative numbers of spermatids was seen in the animals from the 1000x group with a trend towards reduced proportion of diploid cells at the same dose. Only minor, nondose related changes were seen in parameters related to condensation of chromatin, as determined by flow cytometry, in epididymal sperm. We conclude that the mixture induced effects on the liver and kidney and on general metabolism at high doses but caused only minor effects on immune function, reproductive hormone levels, or general indices of reproductive function measures. These data suggest that additive or synergistic effects of exposure to contaminants resulting in residue levels representative of contemporary human tissue levels are unlikely to result in adverse effects on immune function or reproductive physiology in male rats.

L5 ANSWER 4 OF 7 CAPLUS COPYRIGHT 2008 ACS on STN
ACCESSION NUMBER: 2001:704596 CAPLUS

DOCUMENT NUMBER: 136:100555
TITLE: Studies on sperm chromosomes in patients with severe male factor infertility undergoing assisted reproductive technology treatment
AUTHOR(S): Levron, J.; Aviram-Goldring, A.; Madgar, I.; Raviv, G.; Barkai, G.; Dor, J.
CORPORATE SOURCE: Department of Obstetrics and Gynecology, IVF Unit, The Chaim Sheba Medical Center, Tel Hashomer, 52621, Israel
SOURCE: Molecular and Cellular Endocrinology (2001), 183(Suppl. 1), S23-S28
CODEN: MCEND6; ISSN: 0303-7207
PUBLISHER: Elsevier Science Ireland Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The aim of the study was to determine the rate of chromosome abnormalities in testicular sperm after intracytoplasmic sperm injection due to severe male factor infertility. The study groups included patient with non-obstructive azoospermia (n=9), obstructive azoospermia (n=10), Klinefelter's syndrome (n=5) and normal controls (n=6, groups I-VI, resp.). The mean serum levels of FSH 17.5±8.2 (P<0.05), 3.5±2.6, 29.8±13.0 (P<0.05) and 3.1±0.4 mIU/mL, resp. The rates of chromosome abnormalities were 19.6% (P<0.001), 8.2% (P<0.001), 6.3 and 1.6%, resp. Chromosomes X and Y were significantly more involved in the aneuploidy than chromosome 18 in groups I and II. The present findings demonstrate a linkage between gonadal failure (high serum FSH levels) and sperm chromosome abnormalities.
Our findings may explain the increased incidence of perinatal sex chromosome abnormalities found in severe male factor patients. Patients with non-mosaic Klinefelter's syndrome have comparable risk for sex chromosomes aneuploidy as the rest of the patients with azoospermia. Therefore, genetic screening during pregnancy or before embryo replacement should be carefully considered in severe male factor patient following in vitro fertilization (IVF).

REFERENCE COUNT: 33 THERE ARE 33 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L5 ANSWER 5 OF 7 MEDLINE on STN
ACCESSION NUMBER: 1998401619 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9731432
TITLE: [Contribution of chromosomal abnormalities to in vitro fertilization failures].
Contribucion de las anomalias cromosomicas ovocitarias en el fracaso de la fecundacion humana in vitro.
AUTHOR: Smith R; Walker L; Cobo A C; Vantman D
CORPORATE SOURCE: Instituto de Investigaciones Materno-Infantil, Facultad de Medicina, Universidad de Chile, Santiago, Chile.
SOURCE: Revista medica de Chile, (1998 May) Vol. 126, No. 5, pp. 511-9.
Journal code: 0404312. ISSN: 0034-9887.
PUB. COUNTRY: Chile
DOCUMENT TYPE: (ENGLISH ABSTRACT)
Journal; Article; (JOURNAL ARTICLE)
(RESEARCH SUPPORT, NON-U.S. GOV'T)
LANGUAGE: Spanish
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199811
ENTRY DATE: Entered STN: 6 Jan 1999
Last Updated on STN: 25 Jan 2002
Entered Medline: 3 Nov 1998

AB BACKGROUND: Present knowledge of mechanisms involved in human fertilization has uncovered a new group of pathologic conditions that have

been generically named fertilization abnormalities. AIM: To determine the contribution of chromosomal alterations to in vitro fertilization failures. MATERIALS AND METHODS: A cytogenetic analysis of oocytes that were not fertilized after insemination with normal spermatozoa. Oocytes were obtained from patients subjected to in vitro fertilization in a public hospital of Metropolitan Santiago. Ovulation was induced in these patients administering GnRh-a, FSH, HMG and HCG. The double fixation technique described by Wramsby was used to obtain chromosomes. RESULTS: One hundred and seven oocytes coming from 45 women aged 25 to 42 years old were studied. The frequency of aneuploidy in these oocytes was 37.3%, with a 11.8% of hypohaploidy, a 21.6% of hyperhaploidy and a 3.9% of diploid oocytes. In hyperhaploid as well as in hypohaploid oocytes, the chromosomes involved in aneuploidy pertained to groups D. and G. CONCLUSIONS: Although the total frequency of aneuploidy is within normal ranges, the frequency of hyperhaploidy is superior to previous reports. An explanation for this finding could be that the occurrence of a lack of disjunction with chromosomal retention in the parental cell occurs with a higher frequency than that in which the chromosomes are retained in the polocyte. We also suggest that oocyte chromosomal aneuploidy could contribute to the failure of in vitro fertilization procedures.

L5 ANSWER 6 OF 7 MEDLINE on STN
ACCESSION NUMBER: 1997384586 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9240254
TITLE: Age-related decline in fertility: a link to degenerative oocytes?.
AUTHOR: Lim A S; Tsakok M F
CORPORATE SOURCE: Department of Obstetrics and Gynecology, Singapore General Hospital, Singapore.
SOURCE: Fertility and sterility, (1997 Aug) Vol. 68, No. 2, pp. 265-71.
Journal code: 0372772. ISSN: 0015-0282.
Report No.: PIP-126799; POP-00268183.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals; Population
ENTRY MONTH: 199708
ENTRY DATE: Entered STN: 8 Sep 1997
Last Updated on STN: 1 Nov 2002
Entered Medline: 25 Aug 1997

AB OBJECTIVE: To determine whether the age-related decline in fertility is due to degenerative oocytes or to aneuploidy. DESIGN: Retrospective. SETTING: Fertility center of a public and tertiary institution. PATIENT(S): One hundred fifty-one women (ages 24 to 44 years) undergoing 158 cycles of conventional IVF or IVF with intracytoplasmic sperm injection (ICSI) between January 1993 and December 1995 were divided into three age groups (group 1, < or = 34 years; group 2, between 35 and 39 years; and group 3, > or = 40 years). They were selected on the basis of available oocytes that remained unfertilized after IVF and that had analyzable chromosomes. INTERVENTION(S): Standard pituitary down-regulation and ovarian stimulation with FSH and hMG were done for both IVF and ICSI patients. In addition, all patients were given luteal phase support with P, administered orally, via pessaries, or by IM injections from the day of transfer. MAIN OUTCOME MEASURE(S): Fertilization rates and pregnancy rates (PRs), and cytogenetic analyses of unfertilized oocytes. RESULT(S): Although fertilization rates were not different among women in groups 1, 2, and 3 (50.9%, 49.3%, and 37.9%, respectively), PRs were significantly lower between groups 1 and 3 (43.2% versus 14.3%). A total of 383 oocytes were examined, of which 287 (75%) could be karyotyped. Of these, 201 oocytes showed a normal 23,X karyotype (70%), 40 (13.9%) were aneuploid, 24 (8.4%) were diploid, 12 (4.2%) had

structural aberrations, and 13 (4.5%) had single chromatids only. No increase in the aneuploidy rate was detected between groups 1 and 2 (14.8% versus 12.4%). However, highly significant differences in the rate of oocyte chromosome degeneration, characterized by chromosomes splitting into unassociated chromatids, were observed with increasing age (group 1, 23.7%; group 2, 52.0%; and group 3, 95.8%). CONCLUSION(S): It seems that the age-related decline in fertility may be due more to degenerative oocytes than to aneuploidy. A decline in the number of oocytes retrieved with age may be of less importance than the decline in oocyte quality. Women in the older age group have a higher chance of achieving pregnancy from ovum-donation programs than by persisting in using their own aged oocytes, which have a very poor prognosis for success. The hypothesis that the fertility decline observed in women over 40 years old is linked more to degenerative oocytes than to age-associated aneuploidy was investigated in 151 women 24-44 years old who underwent a total of 158 in vitro fertilization (IVF) cycles at Singapore General Hospital during 1993-95. Fertilization rates were 50.9% in women 34 years or younger, 49.3% in those 35-39 years old, and 37.9% in women 40 years or older. The pregnancy rates were 43.2%, 32.7%, and 14.3%, respectively. 287 (74.9%) of the 383 unfertilized oocytes could be karyotyped fully. The total chromosome abnormality rate was 30.3%; this included aneuploidy (13.9%), diploidy (8.4%), structural aberrations (4.2%), and single chromatids only (4.5%). A relationship between increased maternal age and an increase in the aneuploidy rate could not be assessed because of the small sample size in the oldest age group. The rate of chromatid separation increased significantly from 23.8% in the youngest age group to 95.8% in the oldest age group. This rate did not differ between in vitro fertilization and intracytoplasmic sperm injection. The degeneration evident in the majority of oocytes of older women presumably reflects decades of metabolic arrest at the dictyate stage. These findings suggest that the decline in the number of oocytes retrieved with age may be of less importance than the decline in oocyte quality. Women in the older age group have a greater likelihood of achieving pregnancy from ovum donation programs.



ACCESSION NUMBER: 1998226241 EMBASE
TITLE: Intracytoplasmic sperm injection: Results from Norfolk, USA.
AUTHOR: Oehninger, Sergio (correspondence)
CORPORATE SOURCE: Dept. of Obstetrics and Gynecology, Eastern Virginia Medical School, Norfolk, VA 23507, United States.
AUTHOR: Oehninger, Sergio (correspondence)
CORPORATE SOURCE: Jones Inst. for Repro. Medicine, 601 Colley Avenue, Norfolk, VA 23507, United States.
AUTHOR: Oehninger, Sergio (correspondence)
CORPORATE SOURCE: Jones Inst. Reproductive Medicine, 601 Colley Avenue, Norfolk, VA 23507, United States.
SOURCE: Human Reproduction, (Sep 1996) Vol. 11, No. SUPPL. 1, pp. 73-75.
Refs: 7
ISSN: 0268-1161 CODEN: HUREEE
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; Conference Article; (Conference paper)
FILE SEGMENT: 010 Obstetrics and Gynecology
028 Urology and Nephrology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 27 Jul 1998
Last Updated on STN: 27 Jul 1998

AB The results of 92 consecutive couples who underwent 102 cycles of in-vitro fertilization (IVF) augmented with intracytoplasmic sperm injection (ICSI) were analysed. Inclusion criteria were previous total failed fertilization or unsuitable sperm parameters for conventional IVF. The rate of diploid fertilization was 60.9%; the implantation rate per embryo was 12.1%, and the ongoing pregnancy rate per transfer was 26.8%. None of the sperm parameters of the original or processed semen sample were correlated with ICSI outcome. Conversely, female age and basal serum concentrations of follicle stimulating hormone (FSH) had a significant impact on implantation and pregnancy rates. ICSI has become a very successful therapy in overcoming different types of male infertility.

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